

BALTIMORE CITY ETHICS BOARD
626 City Hall
100 N. Holliday Street
Baltimore, Maryland 21202
Phone: 410-396-4730 Fax: 410-396-8483

**IMPORTANT:
READ DIRECTIONS
CAREFULLY**

FINANCIAL DISCLOSURE STATEMENT

NOTE: *Italicized terms are defined in the accompanying Financial Disclosure Instructions, which should be reviewed carefully before completing this Statement.*

PART A. IDENTITY OF STATEMENT MAKER

Last Name _____
First and Middle Names _____

Position with City _____
Office Address _____

Office Telephone (____) _____

Home Address _____

Home Telephone (____) _____

PART B. PERIOD COVERED

If you were employed by the City on July 1 of last year, complete the following:

This Statement is being made for the *reporting period* of July 1, ____ through June 30, 20__.

If you were first employed by the City after July 1 of last year, complete the following:

This Statement is being made for the *reporting period* of _____ through June 30, 20__.

PART C. RECEIPT BY ETHICS BOARD

NOTE: To be completed only by Department of Legislative Reference.

This Statement and accompanying Schedules were received for filing on _____, 20__.

For Board of Ethics

PART D. DISCLOSURES

1. INTERESTS IN REAL PROPERTY

During the *reporting period* covered by this Statement, did any of the following have any *financial interest* in any real property in the City? (If you answer "yes" to any of these, complete and attach **Schedule 1.**)

a. You

☐ Yes ☐ No

b. Your spouse (if you directly or indirectly controlled the interest)

☐ Yes ☐ No

c. Your dependant child (if you directly or indirectly controlled the interest)

☐ Yes ☐ No

d. *A attributable entity*

☐ Yes ☐ No

2. INTERESTS IN BUSINESS ENTITIES

During the *reporting period* covered by this Statement, did any of the following have any *financial interest* in any *business entity* that does *business with* {or is regulated by or lobbies before} *the City*? (If you answer "yes" to any of these, complete and attach **Schedule 2.**)

a. You

☐ Yes ☐ No

b. Your spouse (if you directly or indirectly controlled the interest)

☐ Yes ☐ No

c. Your dependant child (if you directly or indirectly controlled the interest)

☐ Yes ☐ No

d. *An attributable entity*

☐ Yes ☐ No

3. EMPLOYMENT, ETC., BY PERSON DOING BUSINESS

During the *reporting period* covered by this Statement, were any of the following a director, officer, or employee of any *person* that does *business with* {or is regulated by or lobbies before} *the City*? (If you answer "yes" to any of these, complete and attach **Schedule 3.**)

a. You

☐ Yes ☐ No

b. Your spouse

☐ Yes ☐ No

c. Your dependant child

☐ Yes ☐ No

4. GIFTS (INCLUDING TRAVEL EXPENSES)

During the *reporting period* covered by this Statement, did any of the following receive any *gift* (including payment of travel expenses) worth more than \$50 or any series of *gifts* worth more than \$150 from any *person* that does *business with* {or is regulated by or lobbies before} *the City*? (If you answer "yes" to any of these, complete and attach **Schedule 4**.)

Note - The following gifts not be reported: (i) a gift from a spouse, parent, child, or sibling; (ii) a political contribution that is otherwise reported as required by federal or state law; or (iii) a complimentary admission to a special event, if it is valued at less than \$25 a person and furnished to all similarly situated office holders.

a. You

☐ Yes ☐ No

b. Your spouse

☐ Yes ☐ No

c. Your dependant child

☐ Yes ☐ No

d. Any other person at your direction

☐ Yes ☐ No

5. DEBTS TO PERSONS DOING BUSINESS

During the *reporting period* covered by this Statement, were any of the following indebted to any *person* that does *business with* {or is regulated by or lobbies before} *the City*? (If you answer "yes" to any of these, complete and attach **Schedule 5**.)

Note - The following debts not be reported: (i) retail credit accounts; (ii) utility accounts; (iii) bank loans of less than \$5,000; and (iv) a first mortgage on your residence.

a. You

☐ Yes ☐ No

b. Your spouse (if you were involved in the transaction giving rise to the debt)

☐ Yes ☐ No

c. Your child (if you were involved in the transaction giving rise to the debt)

☐ Yes ☐ No

6. FAMILY MEMBERS EMPLOYED BY CITY

During the *reporting period* covered by this Statement, were any of the following regularly employed by the City? (If you answer "yes" to any of these, complete and attach **Schedule 6.**)

a. Your spouse

☐ Yes ☐ No

b. Your child

☐ Yes ☐ No

7. OTHER, NON-CITY EMPLOYMENT

During the *reporting period* covered by this Statement, were any of the following employed by someone other than the City? (If you answer "yes" to any of these, complete and attach **Schedule 7.**)

a. You

☐ Yes ☐ No

b. Your spouse

☐ Yes ☐ No

c. Your child

☐ Yes ☐ No

8. ADDITIONAL INFORMATION

Is there any other interest or information that you would like to disclose?(If you answer "yes", complete and attach **Schedule 8.**)

PART E. SIGNATURE AND AFFIRMATION.

I, _____, solemnly affirm under the penalties of perjury that the contents of this Statement and of all accompanying Schedules are true to the best of my knowledge, information, and belief.

(Signature)

PART F. NOTARIZATION.

STATE OF MARYLAND

CITY/COUNTY OF _____

I CERTIFY that, on this ____ day of _____, 20____, before me, a Notary Public in and for the City/County of _____, personally appeared _____, who acknowledged that this Statement, the accompanying Schedules, and the preceding Affirmation were all his/her act.

As WITNESS, my hand and Notarial Seal:

(Notary Public)

My Commission Expires: _____

SCHEDULE 1
FINANCIAL INTEREST IN REAL PROPERTY

**NOTE: For more than one property,
make additional copies of this Schedule.**

1. LOCATION AND TYPE OF PROPERTY

Address or Legal Description: _____

Type of property:

☐ Improved ☐ Unimproved

☐ Residential ☐ Commercial

Other (explain): _____

2. HOLDER OF INTEREST

Name: _____

Relationship to Statement Maker:

☐ Self ☐ Spouse ☐ Dependant Child ☐ *Attributable Entity*

Address of Holder: _____

4. NATURE OF INTEREST

☐ Fee simple ☐ Life Estate ☐ Leasehold Other (explain): _____

☐ Solely held ☐ Jointly held

If jointly held, state % of interest: _____

5. OTHERS WITH INTEREST IN PROPERTY

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

5. CONDITIONS OR ENCUMBRANCES

Describe the terms of any conditions or encumbrances on the interest and identify all parties involved: _____

6. HOW ACQUIRED

From Whom Acquired: _____

Address: _____

Date: _____

Manner of Acquisition:

☐ Purchase ☐ Gift ☐ Inheritance

Other (explain): _____

7. TRANSFERS

If all or any part of the interest was transferred during the period covered by the Statement -

Identify the person to whom the interest was transferred:

Name _____

Address _____

Describe the nature and amount of the interest transferred: _____

SCHEDULE 2
FINANCIAL INTEREST IN BUSINESS ENTITIES

**NOTE: For more than one *business entity*,
make additional copies of this Schedule.**

1. IDENTITY OF BUSINESS ENTITY

Name: _____

Address of Principal Office: _____

2. HOLDER OF INTEREST

Name: _____

Relationship to Statement Maker:

☐ Self ☐ Spouse ☐ Dependant Child ☐ *Attributable Entity*

Address of Holder: _____

3. NATURE OF INTEREST

Check applicable type of interest:

☐ Sole proprietor ☐ General Partner ☐ Limited Partner ☐ Joint Venturer

☐ Trust Beneficiary ☐ Trustor ☐ Reversionary Trust Interest

☐ Stockholder ☐ Other (explain): _____

Indicate extent of interest:

% of company: _____ fair market value: \$ _____

4. CONDITIONS OR ENCUMBRANCES

Describe the terms of any conditions or encumbrances on the interest and identify all parties involved: _____

5. TRANSFERS

If all or any part of the interest was transferred during the period covered by the Statement, describe the interest transferred: _____

Identify the nature of the consideration received for the interest:

☐ Cash ☐ ☐ Property ☐ Services
☐ Other (explain): _____

Identify the person to whom the interest was transferred:

Name _____
Address _____

SCHEDULE 3
EMPLOYMENT, DIRECTORSHIPS, OFFICES WITH PERSONS DOING BUSINESS

**NOTE: For more than one *person* doing *business with the City*
or more than one position holder, make additional copies of this Schedule.**

1. IDENTITY OF PERSON DOING BUSINESS

Name: _____

Address of Principal Office: _____

2. HOLDER OF POSITION

Name: _____

Relationship to Statement Maker:

☐ Self ☐ Spouse ☐ Dependant Child

Address of Holder: _____

3. NATURE OF POSITION

Title: _____

General Duties: _____

SCHEDULE 4
GIFTS

NOTE: Provide the following information for each *gift* or series of *gifts* from the same person or entity. If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly, the *gift* was given.

Name: _____

Address: _____

2. RECIPIENT

Name: _____

Relationship to Statement Maker:

☐ Self ☐ Spouse ☐ Dependant Child

☐ Other, at your direction

Address of Recipient: _____

3. NATURE OF GIFT

Describe *gift*: _____

Retail value when received: \$ _____

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other expenses associated with a trip, provide the following information for that trip:

Location: _____

_____ Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by Person Identified in Section 1: \$ _____

SCHEDULE 5
DEBTS TO PERSONS DOING BUSINESS

**NOTE: For more than one *person* doing *business with the City* ,
make additional copies of this Schedule.**

1. IDENTITY OF CREDITOR

Name: _____

Address of Principal Office: _____

2. DEBTOR

Name: _____

Relationship to Statement Maker:

___ Self

___ Spouse*

___ Child*

Address of Recipient: _____

_____ *Describe your involvement in transaction: _____

3. DESCRIPTION OF DEBT

Date Incurred: _____

Terms of Payment:

\$_____ per

___ Month

___ Quarter

___ Year

_____ ___ Other (explain): _____

for _____ (num ber)

___ Months

___ Quarters

___ Years

_____ ___ Other (explain): _____

4. SECURITY FOR DEBT

___ None

___ Real Property (address): _____

___ Personal Property (describe): _____

___ Other (explain): _____

5. PRINCIPAL BALANCE

At start of *reporting period*: \$ _____

At end of *reporting period*: \$ _____

SCHEDULE 6
FAMILY MEMBERS EMPLOYED BY CITY

1. SPOUSE

Name: _____

Address of Spouse: _____

Name of Agency: _____

Title and Nature of Position: _____

2. CHILD

Name: _____

Address of Child: _____

Name of Agency: _____

Title and Nature of Position: _____

3. CHILD

Name: _____

Address of Child: _____

Name of Agency: _____

Title and Nature of Position: _____

4. CHILD

Name: _____

Address of Child: _____

Name of Agency: _____

Title and Nature of Position: _____

SCHEDULE 7
OTHER, NON-CITY EMPLOYMENT

1. STATEMENT MAKER

Name of Statement Maker: _____

Employer's Name and Address: _____

Title and Nature of Position: _____

2. SPOUSE

Name of Spouse: _____

Employer's Name and Address: _____

Title and Nature of Position: _____

3. CHILD

Name of Child: _____

Employer's Name and Address: _____

Title and Nature of Position: _____

4. CHILD

Name of Child: _____

Employer's Name and Address: _____

Title and Nature of Position: _____

5. CHILD

Name of Child: _____

Employer's Name and Address: _____

Title and Nature of Position: _____

SCHEDULE 8
ADDITIONAL INFORMATION
